HFS 46.07 Program.

(1) PROGRAM PLANNING AND SCHEDULING.

(a) Each group child care center shall have a written program of activities which are suitable for the developmental level of each group of children. The program shall provide each child with experiences which will promote all of the following:

Note: The Wisconsin Model Early Learning Standards are voluntary standards that were designed to help centers develop programs and curriculum to help ensure that children are exposed to activities and opportunities that will prepare them for success in school and into the future. The Standards are primarily intended as guidance on developmentally appropriate expectations and are not intended to be used as a checklist to gauge a child's progress. The Standards are based on scientific research. Copies of the Wisconsin Model Early Learning Standards are available on the Wisconsin Early Childhood Collaborating Partners website at http://www.collaboratingpartners.com/ or through the Child Care Information Center at 1-800-362-7353.

At the time of initial licensing, a written program of activities must be available for review. The program of activities should include all the types of activities specified under paragraphs (a), (b) and (c).

The written program of activities may be on a daily, weekly or monthly basis and based on the planning technique of each center: i.e., unit planning, goal-oriented planning, theme planning, daily lesson plan. It may also include a daily schedule.

The written program of activities or daily, weekly or monthly lesson plans should reflect the center education policy and program activities related to the developmental goals within rules.

When a licensing specialist observes a program that does not appear to reflect the written program of activities, evidence of the specific program plan for each group of children may be requested.

1. Self-esteem and positive self-image.

Examples of activities which will encourage self-esteem and positive self-image:

- *Group activities such as games and songs where children's names are used.*
- *Display of children's art work with names at child's eye level.*
- *Display of photographs of children at their eye level. Adults address children by name when speaking to them and use child's name in group activities.*
- *Activities involving books, pictures and other authentically representative learning materials relating to minorities as well as majority enrollment of the community, and cultural, ethnic and sexual differences. Dramatic-play activities involving the use of mirrors, multi-cultural dolls, dress up clothes representing both sexes and other props.*
- *Thoughtful verbal recognition of the child's ideas, expressions and contributions.*

2. Social interaction.

Examples of activities which will encourage social interaction.

- *Social-dramatic play such as housekeeping, store, truck/block role enactments such as astronaut, doctor, police officer.*
- *Self-selected cooperative play experiences which give children opportunities to interact.*
- *Mealtime conversation.*
- *For infants - proximity to one another outside of cribs.*
- *Selected activities for children age 3 and older in small groups as such cooking, science, nature, circle games.*

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3. Self-expression and communication skills.

Examples of activities which will encourage self-expression and communication skills.

- *Non-directed creative-art experiences.*
- *Asking questions to elicit responses from children.*
- *Encouraging children to participate in discussions and give attention to each speaker, including, planning for the day, field trips, etc.*
- *Providing opportunities throughout the day for children to converse and share their ideas with others.*
- *Activities which will allow a child to enlarge his/her listening and speaking vocabulary.*
- *Use of stories, poems, nursery rhymes, picture and child-made books.*
- *Language development activities.*
- *Auditory discrimination games and activities.*
- *Labeling of objects, feelings, actions, expressions.*
- *Puppet play, flannel board, film strips.*
- *Creative dramatics.*
- *Meal time conversation.*

4. Creative expression.

Examples of activities which will encourage creative expression.

- *Wide range of music, dance and movement activities.*
- *Sand, water and block play.*
- *Non-directive use of non-limiting materials such as clay, paint, crayons.*
- *Woodworking.*
- *Involvement with a variety of tools, materials, processes and techniques which involve the exploration of line, shape, color and texture.*

5. Large and small muscle development.

Examples of activities which will encourage large and small muscle development.

Large Muscle

- *Use of large muscle equipment such as wooden hollow blocks, balls, climbing equipment, wheel toys, etc.*
- *Group activities (musical or non-musical) involving physical activity such as marching, skipping, jumping, dancing, physical fitness activities, tumbling, running.*
- *Games that facilitate understanding of how our bodies move and that develop coordination, balance, strength, endurance.*

Small Muscle

- *Use of equipment and materials requiring manipulative skill such as puzzles, small interlocking blocks, peg and lacing boards, etc.*

6. Intellectual growth.

Centers should include activities that will help develop a child's literacy skills in their daily program of activities. These activities can include reading to children, the use of flannelboard stories, puppets and similar activities. Activities should be developed to expose children to letters, numbers, colors, shapes.

46.07(1)(a)6. continued

Other activities that will encourage intellectual growth should also be included in the center's curriculum. These activities include:

- *Science activities.*
- *Sensory experience such as tactile, auditory, smelling activities.*
- *Discrimination activities involving symbols, shapes, colors, serration, categorizing, matching, etc.*
- *Reading and math readiness activities.*
- *Language development activities.*
- *Practical life experiences such as putting on-clothes, tying shoes, sweeping, creating order in the room.*
- *Activities involving problem solving and memory skills.*
- *Opportunities to explore the environment and find developmentally appropriate challenges.*

(b) The program schedule shall be planned to provide a flexible balance each day of:

1. Active and quiet activities.

2. Individual and group activities.

3. Indoor and if the center is in operation more than 3 hours per day, outdoor activities.

(c) Television may be used only to supplement the daily plan for children. No child may be required to watch television. Other activities shall be available.

(d) Routines such as toileting and eating and intervals between activities shall be planned to avoid keeping children waiting in lines or assembled in large groups.

(e) The program shall provide all of the following:

1. Reasonable regularity in eating, napping and other routines.

2. Daily periods when a variety of experiences are concurrently available for the children to select their own activities.

3. Protection from excess fatigue and over stimulation.

4. If a center is in operation for more than 3 hours per day, daily outdoor activities except during inclement weather or when not advisable for health reasons.

There is no definite set of guidelines that would prevent a child from going outside for health reasons. Center policies should reflect what would prohibit a child from going outside for health reasons: i.e., a written request by a parents or a written statement by a medical professional.

See HFS 46.03(14r) for a definition of inclement weather. In the written health policy, the center determines the temperatures when children will go outside with no more than a 5 to 10 degree variation of the temperatures included in the definition. No exception is necessary as long as the variation is no more than 5 to 10 degrees.

See also HFS 46.09(2)(i).

(f) Child care workers shall give children individual attention.

46.07(1)(g)

(g) A center that is open in the early morning and late afternoon shall have a written plan for activities which meet the individual needs of the children during those time periods. The plan shall include:

1. Provision of opportunities for the children to rest and eat.

2. Use of materials and engagement in activities which for the most part do not duplicate materials or activities planned for the major part of the program.

(h) The program as implemented shall reflect the center's written policies.

(2) CHILD GUIDANCE.

(a) In this subsection:

1. "Time-out period" means removing the child from the situation in a non-humiliating manner and placing the child in a designated location in order to interrupt the child's unacceptable behavior.

See Appendix P Early Years Are Learning Years – Time Out for "Time-out."

Time out (by whatever name) is an interruption of unacceptable behavior by the removal of the child from the situation. Time out may be used if:

1. *Use is identified in the center child guidance policy for specified types of behavior which child care workers wish to stop.*
2. *The behaviors are identified to children.*
3. *The child is within sight and sound and under the supervision of an adult.*
4. *The reason for the time out is explained to the child.*
5. *The time out is short, not more than one minute per year of age (not to exceed 5 minutes). The child is praised after the completion of the time out.*

2. "Redirection" means directing the child's attention to a different program activity.

Redirection and positive guidance are more than distraction.

(b) Each child care center shall have a written policy which provides for positive guidance, redirection and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem and respect for the rights of others.

(c) If a center uses time-out periods to deal with unacceptable behavior, time-out periods may not exceed 5 minutes and the procedure shall be included in the center's child guidance policy.

(d) Use of time-out periods is prohibited for children under 3 years of age.

(e) Actions that are aversive, cruel or humiliating, and actions that may be psychologically, emotionally or physically painful, discomforting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include:

Aversive "behavior modification" techniques are prohibited (except time outs as specified above).

Actions by the provider which are abusive or painful are prohibited including biting or putting anything in or on a child's mouth. The provider is encouraged to develop a limited number of rules of behavior which are known to children and to explain to children why a particular behavior is not allowed.

46.07(2)(e)1.

1. Spanking, hitting, pinching, shaking, slapping, twisting or inflicting any other form of corporal punishment.

2. Verbal abuse, threats or derogatory remarks about the child or the child's family.

"Verbal abuse" is defined to mean profane, insulting or coarse language sometimes but not always delivered in a loud or threatening manner or language which is ego deflating, causing loss of self-esteem.

3. Physical restraint, binding or tying to restrict movement or enclosing in a confined space such as a closet, locked room, box or similar cubicle.

See physical restraint definition under HFS 46.03(22r).

Physical restraint does not include:
- *Briefly holding a child in order to calm or comfort the child.*
- *Holding a child's hand or arm to escort the child from one area to another.*
- *Moving a disruptive child who is a danger to him/herself/others and is unwilling to leave the area when other methods such as talking to the child have been unsuccessful.*
- *Intervening or breaking up a fight.*

If a child has an outburst that puts him/herself or another person in danger of harm, the center has the responsibility to protect the child and others from danger. Once a child has an outburst, we recommend that the center work with the parents to develop a plan to help manage the child's behavior in a way that does not include the use of a physical restraint. The center may want to refer the child to the pediatrician, Birth-to-3, the public schools or a mental health professional for an evaluation.

High chairs may not be used as a physical restraint.

In limited circumstances, an exception for the use of a physical restraint of an individual child may be considered if the child has had an evaluation that resulted in an Individual Educational Plan (IEP). The following conditions must be met:
- *The IEP indicates the use of a physical restraint as one part of a plan to help the child learn to manage his/her behaviors.*
- *The center identifies a person(s) who will be assigned the responsibility of implementing the restraint.*
- *The person assigned to implement the restraint receives appropriate training in the use of a restraint.*
- *The center documents the use of the restraint and the situation leading to the use of the restraint.*
- *The exception is reviewed and re-approved periodically (recommended every 3 – 4 months).*
- *A copy of the documentation related to a restraint is submitted to the Department within 10 days of the use of the restraint.*

4. Withholding or forcing meals, snacks or naps.

(f) A child may not be punished for lapses in toilet training.

Note: Inappropriate discipline of a child by a staff member must be reported to the department within 24 hours after the occurrence under s. HFS 46.04(3)(j).

(3) EQUIPMENT.

46.07(3)(a)

(a) Indoor and outdoor play equipment shall be safe. The equipment shall be:

Toys and equipment used by children should be cleaned and disinfected on a regular schedule. Toys can be cleaned by washing them with soap and water and then disinfected by submerging in a bleach or quaternary ammonia solution for at least 5 minutes. Toys should be allowed to air dry after being cleaned before returning them to the children. Any toy that has entered a child's mouth should be removed from the play area until it can be cleaned and disinfected to reduce the spread of germs. See Appendix O for information on disinfecting toys.

When a child care center is located in a school, the outdoor playspace and equipment for children under age 5 must meet the requirements of HFS 46.06(11) and HFS 46.07(3)(a).

1. Scaled to the developmental level, size and ability of the children.

2. Of sturdy construction with no sharp, rough, loose, protruding, pinching or pointed edges, or areas of entrapment, in good operating condition, and anchored when necessary.

Examples of unsafe play equipment include, but are not limited to, the following:
- *Metal toys with sharp edges*
- *Play housekeeping equipment that is coming apart*
- *Hard plastic toys which have broken sharp edges*
- *Slides or rocking boats with protruding screws*
- *Swing sets with chains that are rusting through*

3. Placed to avoid danger of injury or collision and to permit freedom of action.

4. Placed over an energy-absorbing surface, when equipment is 4 feet or more in height.

Platform height may be no higher than 4 feet if surface below is not impact absorbing. An impact-absorbing surface may be a tumbling mat if indoors. Maximum indoor platform height is recommended to be no more than 6 feet or developmentally appropriate for the age of the children using it. See also HFS 46.06 (11)(b)8.

LOFTS: Effective August 1, 1997, based on current building interpretation from the Department of Commerce, lofts that are connected or attached to the building may not be counted as additional play space for determination of licensed capacity unless the loft has been inspected and approved by a private or certified building inspector under COM 21.19 Floor Design.

Lofts that are free standing and not connected or attached to the building are considered to be play equipment and may not be counted as usable space.

Centers where loft space was included in determining licensed capacity prior to August 1, 1997, will be unaffected by this change in usable space policy.

The American Academy of Pediatrics recommends that the loft's guardrails should be at least 36 inches high with a maximum of 4 inches of space between vertical posts. The guardrail should be installed in order to prevent climbing and should not include more than one horizontal bar as part of the top rail.

ENERGY-ABSORBING SURFACES FOR LOFTS: The platform height may not be higher than 4 feet if the surface below is not impact energy absorbing. If the loft is indoors, an energy-absorbing surface may be a tumbling mat. Maximum indoor platform height is recommended to be no more than 6 feet. The loft should be developmentally appropriate for the age of the children using it. Carpet is not considered an energy-absorbing surface.

46.07(3)(a)4. continued

If a loft is used for quiet activities and has steps to reach the upper level and meets the 36-inch high guardrail and less than 4 inches between vertical post recommendations, energy-absorbing surface is not required. If the way to get to the loft is other than steps i.e. rung or rope ladder and the landing is 4 feet or more from the floor, then an energy-absorbing surface is required. Energy-absorbing surface is required around the entire structure if the loft guardrail is less than the recommended 36 inches high or more than 4 inches between vertical posts.

If the loft is used as climbing equipment or for active play, energy-absorbing surface is always required.

See HFS 46.06(11)(f) Outdoor Space.

(b) A center shall provide equipment and supplies according to the following criteria:

1. Child development shall be fostered through selection of a variety of equipment that will:

a. Provide large muscle development.

b. Provide construction activities and for development of manipulative skills.

c. Encourage social interaction.

d. Provide intellectual stimulation.

Age-appropriate books must be available for teachers to use with children and must also be available for children to use themselves; these may be one and the same or different sets of books. These may be center-owned or library-supplied books or a combination of both. The recommended amount is at least one book for every two children.

e. Encourage creative expression.

Art media is defined as consumable supplies such as, but not limited to, crayons, paper, paste or glue, paint, clay or play dough, finger paint, collage materials, etc., including the necessary and appropriate non-consumable accessories such as paint brushes, scissors, sponges, etc.

Each center is to provide consumable and non-consumable art materials sufficient in quantity so that each child shall have the opportunity to have at least two different art media experiences on any given day.

2. A center shall provide sufficient indoor play equipment to allow each child a choice of at least 3 activities involving equipment when all children are using equipment.

3. A center shall provide sufficient outdoor play equipment to allow each child at least one activity involving equipment when all children are using equipment.

(c) The quantity of indoor and outdoor play equipment specified in par. (b)2. and 3. shall be provided based on the maximum licensed capacity of the center.

(d) Equipment and materials which reflect an awareness of cultural and ethnic diversity shall be provided.

Examples of equipment and materials that reflect cultural and ethnic diversity include multi-cultural dolls, puzzles and other toys, pictures, posters and music that reflects varying cultures and exposure to foods from different cultures and ethnic groups.

46.07(3)(d)Note:

Note: Information on selecting play equipment is available from the Child Care Information Center, 1-800-362-7353.

(e) Children using play equipment shall be closely supervised to prevent injuries.

(4) REST PERIODS.

(a) A child under 5 years of age in care for more than 4 hours shall have a nap or rest period.

See HFS 46.05(4)(e)

(b) Child care workers shall permit a child who does not sleep after 30 minutes and a child who awakens to have quiet time through the use of equipment or activities which will not disturb other children.

Children must be closely supervised, and children who are up must have a choice of activities in a reasonably lighted area.

(c) Each child who has a nap or rest period shall be provided with an individual bed, cot, sleeping bag, 2 inch thick mat, crib or playpen which is placed at least 2 feet from the next sleeping child. Cribs or cots may be placed end-to-end if a solid partition separates children and an aisle not less than 2 feet in width is maintained between cribs and cots.

Children under one year of age must sleep in a crib on their back, not in a car seat or swing.

Each item of sleep equipment (sheets, blankets, etc.) shall be assigned to a child and shall be used only by that child while he/she is enrolled in the facility. Children shall not share bedding unless laundered between usages. Each mat, cot, or crib mattress shall be covered with the child's individual sheet for exclusive use by that child. No child shall sleep on a bare uncovered surface. Seasonally appropriate covering such as sheets or blankets that are sufficient to maintain adequate warmth, shall be available and shall be used by each child. The center's health policy should include information on the center's procedure for allowing children age 1 and over to use pillows and soft toys while napping.

Cots, sleeping bags and 2-inch thick mats, shall be long enough so the child's head or feet do not rest off the pad.

A sleeping bag is a bag that is closed or capable of being closed on 3 sides. Sleeping bags may be provided by the center or the parent.

STACK CRIBS: If stacked cribs are provided, the following conditions should be met:
- *Only children under seven months of age or not yet standing may use these stacked cribs.*
- *The maximum space between bars is no more than 2 3/8 inches apart.*

Written exceptions are not required.

When beds, cots and cribs are provided by the center, the number of beds, cots and/or cribs must be at least equal to the licensed capacity unless sleeping bags are provided by parents for children one year and older.

(d) Each child shall be provided with an individually identified sheet and blanket or sleeping bag which may be used only by that child until it is washed.

A towel or other fabric that covers the surface of the cot or mat may be used in place of a sheet. The sheet, towel or other fabric must cover the sleeping surface and be secured to the cot or mat.

(e) Bedding shall be maintained and stored in a clean and sanitary manner, replaced immediately if wet or soiled and washed at least after every 5 uses.

Bedding means sheets and blankets and sleeping bags.

Storage in a "clean and sanitary manner" means protection from dust and dirt, particularly the surface which would come in contact with the child.

Cots that are stacked should not have bedding for an individual child hanging over the edge of the cot. If bedding is not stored on the cot, the center must have alternate manner to keep the bedding stored in such a manner that the sleeping surface is not exposed. Cots should be covered with a clean sheet, blanket or other cover that is not used as bedding for a child during times when the cots are not in use. Sleeping bags should be rolled up so that the inside sleeping surface is not exposed to the outside. Sleeping bags do not need to be stored inside an individual storage bag or container. Pillows should be stored on a child's individual cot or rolled up in the child's sleeping bag.

If bedding is provided by parents, a supply of center-provided sheets and blankets should be available for emergencies such as illness or soiling.

(5) MEALS AND SNACKS.

(a) *Food*.

1. Food shall be provided by the center based on the amount of time children are present as specified in Table 46.07.

TABLE 46.07
MEAL AND SNACK REQUIREMENTS FOR EACH CHILD IN A GROUP CHILD CARE CENTER

Time a Child is Present	Number of Meals and Snacks
At least 2½ but less than 4 hours	1 snack
At least 4 but less than 8 hours	1 snack and 1 meal
At least 8 but less than 10 hours	2 snacks and 1 meal
At least 10 or more hours	2 meals and 2 or 3 snacks

2. Center-provided transportation time shall be included in determining the amount of time children are present for the purposes of subd. 1.

3. Food shall be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.

The 3-hour determination is from the beginning of one snack or meal to the beginning of the next snack or meal.

4. Each meal and snack served shall meet the U.S. department of agriculture child care food program minimum meal requirements.

When a program which operates less than 2 1/2 hours chooses to serve a snack or to have a snack provided by parents, the snack must meet the requirements for snacks.

Note: See Appendices B and C for information on the U.S. department of agriculture child and adult care food program minimum meal requirements.

5. Menus shall:

a. Be posted in the kitchen and in a conspicuous place accessible to parents.

b. Be planned at least one week in advance, dated and kept on file for 3 months.

Menus should include snacks and meals provided by the center.

In programs where parents supply snacks, menus do not need to be planned in advance. Snacks should be documented and kept on file for 3 months.

c. Be available for review by the department.

d. Include diverse types of foods.

"Diverse types of foods" is defined as menus which would not be repeated within a one-week time frame.

6. Any changes in a menu as planned shall be recorded on the copies of the menu kept on file and posted for parents.

In full-day child care centers, posting of menus means including all food served (breakfast, if served, snacks, and lunch) in order to allow parents a comprehensive overview of food offered to their children.

7. Enough food shall be prepared for each meal so that second portions of vegetables or fruit, bread and milk are available to children.

USDA food program regulations specify that the USDA amounts are guides for food preparation and are not "helpings." USDA recommends that small helpings of all items be dished up and that seconds be available.

8. When food for a child is provided by the child's parent, the center shall provide parents with information about requirements for food groups and quantities specified by the U.S. department of agriculture child care food program minimum meal requirements.

Note: See Appendix C for information on the U.S. department of agriculture child care food program minimum meal requirements.

9. A special diet, based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written instruction of a child's physician and upon request of the parent.

Examples of special diets are: feeding tubes, diabetic, etc. Pediasure or Ensure may be used as part of a special diet.

9m. A special diet based on a food allergy may be served upon the written request of the parent.

10. Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children.

(b) *Mealtime*.

1. Staff shall sit at the table with the children during mealtime.

After giving any assistance required by the age of the child, child care workers assigned to the group of children should sit with children during meals. Staff working with infants and young toddlers who must be fed or given a great deal of assistance with self-feeding are not required to sit with the children.

2. Meals shall be served with time allowed for socialization.

(6) HEALTH.

(a) *Observation*.

1. Each child upon arrival at a center shall be observed by a staff person for symptoms of illness and injury. For an apparently ill child, the procedure under par. (c) shall be followed.

2. Any injury to a child or evidence of unusual bruises, contusions, lacerations or burns received by a child in or out of center care shall be recorded in a medications and injury log book and reported immediately to the administrator or other person in charge of the center.

See Appendix K, Directions for Use of a Mediation and Injury Log Book.

(b) *Isolation*. A center shall have an isolation area for the care of children who appear to be ill. If the area is not a separate room, it shall be separated from space used by other children by a partition, screen or other means.

See Appendix S for Division of Health Guidelines for Exclusion.

(c*) Ill child procedure*. The following procedures shall apply when a child with a sore throat, inflammation of the eyes, fever, lice, ringworm of the scalp, rash, vomiting, diarrhea or other illness or condition having the potential to affect the health of other persons is observed in the day care center:

If a child has the following symptoms, he should be sent home until medical evaluation allows inclusion: severe illness such as unusual lethargy, uncontrolled coughing, persistent crying, difficulty breathing, wheezing, or other unusual signs.

See Appendix S for additional information. The facility health policy should specify which symptoms would require removal of the child from the facility.

1. The child shall be isolated.

2. The child in the isolation area shall be provided with a bed, crib or cot and a sheet and blanket or sleeping bag, with a staff member within sight and hearing of the child, except that for sessions of up to 4 hours a kindergarten mat may be provided for the isolation room instead of a bed, crib or cot. Isolation shall be used until the child can be removed from the center.

3. The child's parent, or a designated responsible person when a parent cannot be reached, shall be contacted as soon as possible after the illness is discovered, and arrangements shall be made for removal of the child from the center.

(d) *Care of a mildly ill child*. A child who is mildly ill may be cared for at the center when all of the following conditions are met:

46.07(6)(d) continued

Care of ill children at the center must be specifically authorized as a condition in the letter of transmittal. Care of ill children may occur in a separate licensed center location or in a separate room which is designed specifically and solely for the care of ill children.

If a sick care program exists in a hospital, the program need not be licensed if the hospital admits the sick children as outpatients on a daily basis.

1. The space for the care of a mildly ill child shall be a self-contained room and shall be separate from children who are well.

2. The room shall have a sink with hot and cold running water.

3. The parent consents in writing.

4. The written health policy of the center allows a mildly ill child to remain at the center.

5. The center follows and implements procedures in a written plan for the provision of care to mildly ill children approved and signed by a licensed physician, or a pediatric or family nurse practitioner which covers all of the following:

a. Admissions and exclusions.

b. Staffing.

c. Staff training.

d. Monitoring and evaluation.

e. Programming.

f. Infectious disease control.

g. Emergency procedures.

6. Medical consultation is available from a physician or local health department in establishing policy for the management of mildly ill children.

(e) *Communicable disease*.

1. A child with a reportable communicable disease specified in ch. HFS 145 may not be admitted to or be permitted to remain in a child care center during the period when the disease is communicable.

2. When it is determined that a child enrolled in a child care center has a reportable communicable disease under ch. HFS 145 transmitted through normal contact, such as chicken pox, German measles, infectious hepatitis, measles, mumps, scarlet fever or meningitis, the local public health officer and the parents of exposed children shall be notified.

If the disease is not spread through normal contact, it is not necessary to contact the local health department or the parents of children. There are penalties for disclosure of HIV antibody test results without consent. See s. 146.025, Wis. Stats. A person's HIV status is confidential and may not be shared with others.

46.07(6)(e)3.

3. A child may be readmitted to the group day care center if the parents provide a statement from a physician that the child's condition is no longer contagious or if the child has been absent for a period of time equal to the longest usual incubation period for the disease as specified by the department.

Note: The Wisconsin Division of Public Health has developed materials that identify those communicable diseases that are required to be reported to the local public health officer. These materials also provide additional guidance on the symptoms of each disease and information on how long an infected child must be excluded from the center. The materials include a communicable disease chart and exclusion guidelines for child care centers. Copies of the communicable disease chart or the exclusion guidelines for child care centers are available from the Child Care Information Center at 800-362-7353.

(f) *Medications*.

1. Center staff may give prescription or non-prescription medication, such as pain relievers or cough medicine, to a child only under the following conditions:

These rules allow prescriptive and non-prescriptive medication to be administered by the center under controlled circumstances as specified. Center health policy may be more stringent than the rule, allowing no medication or only prescription medication. This policy should be included in the written health policy which is shared with parents upon admission. A written authorization from the parent is required to be on-site for each incident and is time limited. Center should assure that any requirements of the Americans with Disabilities Act are met.

An anti-itch preparation may be applied to children upon authorization from the parent. The parent should supply the preparation. The preparation should be labeled with the child's name. The authorization should include the name of the product and the instructions for administration. The application information does not need to be recorded in the center medical log.

Also see HFS 46.09(4)(a)10. Infant and Toddler.

a. A written authorization that includes the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited.

Medications used to treat chronic illnesses or conditions such as asthma or diabetes may be authorized by a physician for an unspecified length of time. The authorization from the parent should be reviewed and re-signed when there are any changes or medication is replaced or refilled. The parent should include information on the specific triggers that may signify the necessity for an authorized medication on the child's health history form. Centers may not have parents sign an authorization for an Over-the-Counter (OTC) medication to be given on an "as needed" basis that exceeds the length of time on the label unless a physician prescribes that medication. If a physician indicates a child should receive an OTC medication to treat an on-going problem such as seasonal allergies, a prescription or written authorization from the physician for the use of this medication is required.

The rule requires that the dosage instructions must be included on the medication label. For some types of OTC medications such as Tylenol or cold syrup the label instructions indicate that a physician should be consulted for children under a certain age (typically under age 2). Although not required for use by group child care centers, the CFS-59 Authorization to Administer Medication has been revised to include a statement to be initialed by the child's parent indicating the child's physician has been consulted and the dosage instructions are consistent with the physician's recommendation.

46.07(6)(f)1.a. continued

The center may develop its own form or may accept a written authorization from the parent in the form of a note, but either format must include the child's name and date of birth, the name of the medication and administration instructions, the medication interval and the length of the authorization and it must be signed and dated by the parent. However, the parent's authorization may not exceed the time specified on the label of the medication (usually 7 – 10 days).

Note: The Department's form CFS-0059 or CFS-0059A, Authorization to Administer Medication, is used to obtain the parent's authorization to provide medications. Information on how to obtain the form is in Appendix E.

Leftover medication should be returned to the parent or discarded in a safe manner after the duration of the illness.

b. The medication is in the original container and labeled with the child's name and the label includes the dosage and directions for administration.

The directions on the non-prescriptive medication should be followed according to the age group specifications. The center should address this situation in the center health policy.

c. A written record, including type of medication given, dosage, time, date and the name or initials of the person administering the medication, shall be made in the center medications and injury log book on the same day that the medication is administered.

Note: See s. HFS 46.04(6)(c) on maintaining a center medications and injury log book.

2. Sunscreen and insect repellent may only be applied upon the written authorization of the parent. The authorization shall include the brand and ingredient strength of the sunscreen or repellant. Authorizations shall be reviewed every 6 months and updated as necessary. The recording of the application of sunscreen or insect repellent is not required.

Parents can supply sunscreen or insect repellent. Centers may also provide it for all the children to use. If a new brand name or ingredient strength will be used, a new authorization is required.

There is nothing in the rule that would prohibit children from applying the sunscreen or insect repellent by themselves with staff supervision. The center health policy should address at what age children can apply sunscreen or insect repellent, and the procedure for ensuring that the application is done in a way that will protect the children.

3. Medication shall be stored so that it is not accessible to the children.

4. Medication requiring refrigeration shall be kept in the refrigerator in a separate, covered container clearly labeled "medication".

(g) *Health precautions*. 1. Bodily secretions such as runny noses, eye drainage and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Whoever does the wiping shall wash his or her hands immediately.

2. Bodily secretions on surfaces shall be washed with soap and water and disinfected with a bleach solution of one tablespoon bleach to one quart of water, made fresh daily. Hands shall be washed immediately.

See Appendix O for information on disinfecting surfaces.

3. Children shall be protected from sunburn with protective clothing or parent-provided and labeled sunscreen.

4. Children shall be clothed to assure body warmth and comfort.

(h) *Universal precautions*. 1. Center staff shall adopt universal precautions when exposed to blood and blood-containing body fluids and injury discharges of all children.

2. All persons exposed to blood or blood-containing body fluids and tissue discharges shall wash their hands immediately with soap and warm running water.

3. Single use disposable gloves shall be worn if there is contact with blood-containing body fluids or tissue discharges. Hands shall be washed with soap and water after removal of gloves. Gloves shall be discarded in plastic bags.

Single-use disposable gloves means non-porous gloves without obvious seams made out of latex, natural rubber or plastic in various forms.

4. For spills of vomitus, urine, feces, blood or other body fluids, center staff shall clean and disinfect the floors, walls, bathrooms, tabletops, toys, kitchen countertops and diaper changing tables.

See Appendix O for information on disinfecting surfaces.

Care should be used with the disposal of gloves and soiled items. The Occupational Safety and Health Administration (OSHA) is responsible for enforcing its standards. Contact OSHA at 1-800-356-4674 or visit the web site www.osha.gov for information on how the OSHA standards apply to child care centers.

(i) *Personal cleanliness*.

1. A child's hands shall be washed with soap and warm running water before meals and snacks and after toileting or diapering. A child's hands and face shall be washed after meals.

Washing in a common bucket or pan is allowed after certain activities such as finger painting, if this preliminary washing is to eliminate excess paint and is followed up by individual handwashing under running water with soap.

Hand sanitizers may not be used in place of soap and water

Infants hands may be washed with a fabric, cloth, or paper wipe containing soap and water. Children age one and over must use soap and running water to wash hands.

The maximum recommended warm water temperature for preschool children is 100° - 105° F.

2. Persons working with children shall wash their hands with soap and warm running water before handling food, and after assisting with toileting and after wiping bodily secretions from a child with a disposable tissue.

3. Cups, eating utensils, toothbrushes, combs and towels may not be shared and shall be kept in a sanitary condition.

4. Wet or soiled clothing and diapers shall be changed promptly from an available supply of clean clothing.

46.07(6)(i)4. continued

If clothing is usually parent-supplied, the center should maintain a clean, seasonal and gender-appropriate selection of center-owned clothing for emergencies.

5. Applicable rules under s. HFS 46.09(4) shall apply to child care workers when children 2 years of age and older require attention for diapering and toileting.

(j) *Injuries*.

1. Written permission from the parent to call a child's physician or refer the child for medical care in case of injury shall be on file at the center. The center shall contact the parent as soon as possible after an emergency has occurred or, if the injury is minor, when the parent picks up the child.

2. A center shall identify a planned source of emergency medical care, such as a hospital emergency room, clinic or other constantly staffed facility, and shall advise parents about the designated emergency medical facility.

Source of emergency care may be posted in a visible place in the center or stated in policies shared with parents.

3. A center shall establish and follow written procedures for bringing a child to an emergency medical care facility and for treatment of minor injuries.

See HFS 46.04(3)(a)

See Appendix M for handout from American Red Cross

4. First aid procedures shall be followed for serious injuries.

A serious injury is one requiring the services of a health professional.

A minor injury is one that can be treated at the center such as bruises, scrapes, slivers, etc.

It is recommended that a reputable children's first aid manual or chart be readily available in the center for use by staff.

5. Each center shall have a supply of bandages, tape and Band-Aids.

6. Superficial wounds shall be cleaned with soap and water only and protected with a bandaid or bandage.

Since the administering of non-prescriptive medication must be at specific parent direction for each incident, no medication (including anti-bacterial creams or ointments) may be given to the child by center for injuries.

7. Suspected poisoning shall be treated only after consultation with a poison control center.

Activated charcoal or any other vomit-inducing substance may only be used with authorization from the poison control center. Statewide Poison Control toll free number is (800) 222-1222. Calling 911 does not automatically connect the caller with poison control. See Appendix AA for information on how to obtain a list of poisonous plants.

8. A daily record of injuries shall be kept in the center medications and injury log book.

See Appendix K, Directions for Use of a Medication and Injury Log Book.

The medical log is confidential because it contains individual medical information that is considered confidential. Parents may see entries relating to their child only; therefore, each entry should contain only one child's name. If more than one child is involved in an accident and sustains an injury, 2 separate entries should be made in the center medical log. See HFS 46.04(7)(a).

9. Records of injuries shall be reviewed by the director or designated person with staff every 6 months in order to determine that all possible preventive measures are being taken. There shall be documentation in the medications and injury log book that reviews have taken place.

Note: See s. HFS 46.04(6)(c) on maintaining a center medications and injury log book.

(k) *Health examination and history*.

1. Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 6 months after admission.

2. Except for a school-age child, each child 2 years of age and older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center, and a follow-up health examination at least once every 2 years after admission.

Children transferring to a new center are required to have an examination on file dated within the last two years.

Children 5 years old and not enrolled in public or private school must have a physical examination on file at the center.

3. The health examination report shall be on a form provided by the department and shall be signed and dated by a physician, physician assistant or HealthCheck provider.

Children screened through the HealthCheck program will be in compliance if the screening is documented on an official HealthCheck provider form.

Note: The Department's form CFS-0060 or CFS-0060A, Child Health Report, is used to record health examination information. Information on how to obtain the form is in Appendix E.

Note: A HealthCheck provider is a medical professional associated with or employed by an outpatient hospital facility, a health maintenance organization, a visiting nurse association, a clinic operated under a physician's supervision, a local public health agency, a home health agency, a rural health clinic, an Indian health agency or a neighborhood health center.

4. The health examination requirement under subd. 1. or 2. does not apply if the parent of a child requests in writing that the department grant an exemption based upon the parent's adherence to religious belief in exclusive use of prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect or denomination.

5. A child's health history on a form prescribed by the department completed by the child's parent shall be on file at the center by the first day of attendance. Information contained on the health history form shall be shared with any child care worker assigned to care for the child.

46.07(6)(k)5.Note:

Note: The Department's form CFS-2345, Health History and Emergency Care Plan, is used to record a child's health history. Information on how to obtain the form is in Appendix E.

HFS 46.05(2)(a)11. states that the center must have a procedure that outlines how this information will be shared and that this procedure must be covered in the orientation for new employees.

(L) *Immunization*. The center shall maintain a record of immunizations for each child to document compliance with s. 252.04, Stats., and ch. HFS 144.

Note: The Department's form DPH-4192 or DPH-4192S, Day Care Immunization Record, is used to record immunization information. An electronic printout from the Wisconsin Immunization Registry, or other registry maintained by a health care provider may be used in place of DPH-4192 or DPH 4192S. Information on how to obtain the form is in Appendix E.

If children are attending a public, parochial or private school and are enrolled in a school-age child care program at the school of attendance, the immunization record will not be required to be on file at the child care center. Immunization records are required to be on file for school-age children attending a program that is not located at the child's school of attendance or the center does not have access to the school's vaccination records.

A record of immunizations for each child shall be maintained to document compliance with s. 140.05(16), Wis. Stats., and ch. HFS 144. Accept any record the parent provides. The Student Immunization Law, s. 140.05(16), Wis. Stats, sets minimum immunization requirements for children attending child care center. The Child Care Immunization Record, DPH-4192, is separate from the Child Health Report, CFS-60.

The immunization history must indicate that the child has received at least the first dose of each required immunization (if appropriate for the age of the child) or that the immunization requirement is to be waived for that child by a compliance alternative.

If a parent claims a religious or personal conviction exemption, the parent may check the appropriate box and sign the DPH-4192 Immunization Record form in lieu of providing an immunization history. Immunization requirements may also be waived upon signature of a physician that the child should not be immunized for health reasons as indicated on the DPH-4192.

Children who have not received subsequent doses of vaccine appropriate to their age must receive such subsequent doses within one year of the first day of attendance and must notify the child care center in writing as each dose is received.

When children are "in the process" of being immunized (i.e., the child has received some DPT and Polio doses but not all that are required for the child's age), the center should request a note from the child's health care provider that the child is "on schedule" for immunizations and the date for the next scheduled dose. This note should be attached to the child's child care center immunization record. A follow up on this scheduled immunization should be done by the center using the center's health record keeping system.

In situations where one of the following conditions exists—(A) Children do not submit an immunization record within 30 school days (6 weeks) of admission; (B) Children whose record at 30 school days after admission indicates that they do not have at least the first dose of each required vaccine; (C) Children who fall behind schedule (i.e., do not obtain an immunization which their health care provider has indicated is due on a certain date)—there are two courses of action that a center may take.

46.07(6)(L)Note: continued

1. The center may notify the district attorney that the child has failed to comply with immunization requirements as authorized by Wisconsin law and administrative rule.
2. The child who fails to comply with immunization requirements may be discharged (excluded) from the center until such time as immunization requirements are met.

Dates of a child's immunization do not need to be reviewed by the licensing specialist.

(7) PETS AND ANIMALS.

(a) Animals shall be maintained in good health and appropriately immunized against rabies. Rabies vaccinations shall be documented with a current certificate from a veterinarian.

Dogs and cats must be vaccinated against rabies as documented by a current vaccination certificate. Other immunizations frequently given to dogs and cats are to prevent disease which is not communicable to children. Initial rabies immunization should be administered by five months of age and within one year after the initial immunization. Subsequent immunizations are to be administered at intervals stated on the certificate of vaccination. If no date is specified, the dog shall be vaccinated within three years of the previous vaccination, as specified in s. 95.21(2) Wis. Stats.

Pets suspected of being ill or infested with external lice, fleas and ticks or internal worms shall be removed from the center.

(b) Animals that pose any risk to the children shall be restricted from the indoor and outdoor areas used by children.

Examples of aggressive behaviors are: showing teeth, growling, hissing, excessive barking, hair standing up on the animals back or tail between legs.

(c) Licensees shall ensure that parents are aware of the presence of pets and animals in the center. If pets and animals are allowed to roam in areas of the center occupied by children, written acknowledgement from the parents shall be obtained. If pets are added after a child is enrolled, parents shall be notified in writing prior to the pets' addition to the center.

Visits to petting zoos are permitted. Having pets or animals brought into the center to expose children to animals needs to be done carefully to ensure that children and animals are protected. Parents shall be notified in advance.

(d) Reptiles, amphibians, turtles, ferrets, poisonous animals, psittacine birds, exotic and wild animals may not be accessible to children.

"Not accessible" means the animal may not have any physical contact with the children, including the children reaching over or through a barrier to touch the animal.

Note: Psittacine birds are hooked-billed birds of the parrot family that have 2 toes forward and 2 toes backward and include parrots, macaws, grays, lovebirds and cockatoos.

(e) All contact between pets or animals and children shall be under the close supervision of a child care worker who is close enough to remove the child immediately if the pet or animal shows signs of distress or the child shows signs of treating the pet or animal inappropriately.

46.07(7)(e) continued

In the event that an animal bites a child, the parent shall be notified and a veterinarian shall be contacted by center personnel to determine a course of action in the diagnosis of possible rabies in the animal. Procedures for emergency care of children shall be followed. Parents shall be notified of any action taken by the veterinarian, as well as the name, address and telephone number of the veterinarian who was consulted.

(f) Pets, pet feeding dishes, cages and litter boxes are prohibited in any food preparation, storage or serving areas. Pet and animal feeding dishes and litter boxes may not be placed in areas accessible to children.

The licensing rules prohibit pets from being in food preparation, storage or serving areas. In a classroom setting where pets are in cages in a classroom used to serve food, an exception must be requested. When requesting the exception, information on the proximity of the pet cage to the food preparation or service area will be taken into consideration as well as the procedure to ensure that the food service or preparation area is properly cleaned and disinfected prior to use.

No exception is required if fish in an aquarium are located in a classroom that is also used to serve food.

(g) Indoor and outdoor areas accessible to children shall be free of animal excrement.

(h) If dogs or cats are allowed in areas of the center accessible to children, the certificate of insurance required under s. HFS 46.04(2)(g) shall indicate the number and types of pets covered by the insurance.

(i) Licensees shall ensure that the center is in compliance with all applicable local ordinances regarding the number, types and health status of pets or animals.

(8) MISCELLANEOUS ACTIVITIES. A center which includes in its program watercraft, riflery, archery or horseback riding shall comply with the applicable requirements under s. HFS 55.44(8), (9) and (11).